**St Georges, University of London (SGUL)**

**Data Incident Reporting Form**

This form is to be used for recording actual or potential breaches of data / information security.

It should be completed in full by the individual identifying the data / information security incident.

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| --- | --- | --- | --- | --- |
| Person Reporting Incident | Name: |  | Telephone: |  |
| Line Manager | Name: |  | Telephone: |  |
| Incident Details | Location: |  | | |
| Date: |  | Time: |  |

|  |  |
| --- | --- |
| Incident Circumstances:  (if the incident involves personal identifiable information please do not name the individual(s) it relates to on the form) |  |
| What actions have been taken to mitigate or resolve the incident? |  |

|  |  |  |
| --- | --- | --- |
| Does the incident involve the unauthorised access, disclosure, use or loss of information? | Confirm – Yes / No | If ‘Yes’ then what is its sensitivity? |
|  |  |
| Does the incident involve personal identifiable information? | Confirm – Yes / No | If ‘Yes’ then what type? e.g. name, address, medical, financial |
|  |  |
| Does the incident put any person(s) or other information at risk? | Confirm – Yes / No | If ‘Yes’ then explain why |
|  |  |

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| --- | --- | --- | --- |
| Computer / Laptop Name (if known) |  | Police Crime Number  If reported to police |  |